

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101588019

8-01-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
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48						
49						
50						
TOTAL IND.		1				
TOTAL DEP.		13				
TOTAL CLAIMS		14				